N17000001775

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COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

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	<u>COVER LE</u>	, <u>i - i - i - i - i - i - i - i - i - i </u>		To (2)
TO: Amendment Section Division of Corporations				Section 1
Tallah NAME OF CORPORATION:	assee Classical School Inc.			
N1700000 DOCUMENT NUMBER:				C 60 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
The enclosed Articles of Amendment a	nd fee are submitted for filing.			
Please return all correspondence concer	ning this matter to the followin	ß;		
Adrienne Campbell				
·	(Name of Conta	ict Person)		
Tallahassee Classical School Inc.				
	(Firm/ Com	ipany)		
221 W. Park Ave #745				
	(Addres	SS)	- · · · ·	
Tallahassee, FL 32301				
	(City/ State and	Zip Code)		
E-mail addre	ss: (to be used for future annua	il report notificatio	n)	
For further information concerning this	matter, please call:			
Adrienne Campbell		8 50	320-5653	
(Name of C	ontact Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following an	nount made payable to the Flor	ida Department of	State:	
	Filing Fee & \$\Bigsquare\text{S43.75 Filing} \text{Certified Cop} \text{(Additional coenclosed)}	y Certif opy is Certif	0 Filing Fee icate of Status ied Copy tional Copy is osed)	
<u>Mailing Address</u> Amendment Section		Street Address Amendment Sect	ion	
Division of Corporati	ons	Division of Corp		

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

COVER LETTER

(TO: Amendment Section Division of Corporations

NAME OF CORPORATI	Tallahassee Classical	School Inc.		
DOCUMENT NUMBER:	N17000001775			
The enclosed Articles of An				
Please return all correspond	ence concerning this matte	r to the following:		
Adrienne Campbell				
		(Name of Contact Pers	son)	
Tallahassee Classical School	ol Inc.			
		(Firm/ Company)		
221 W. Park Ave #745				
		(Address)		
Tallahassee, FL 32301				
		(City/ State and Zip Co	ode)	
······································	-mail address: (to be used	for future annual repo	rt notification	
For further information conc	zerning this matter, please o	call:		
Adrienne Campbell			350	320-5653
<u> </u>	(Name of Contact Person)	at	Area Code)	(Daytime Telephone Number)
Enclosed is a check for the I	ollowing amount made pay	vable to the Florida De	partment of !	State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & I Certificate of Status	_	Certif Certif	O Filing Fee icate of Status ied Copy tional Copy is osed)
Mailing A			et Address	
Amendment Section		Amendment Section Division of Corporations		
Division of Corporations P.O. Box 6327		Clifton Building		
	re. F1, 32314		Executive C	enter Circle

Tallahassee, FL 32304

Articles of Amendment to Articles of Incorporation

Ai	ticles of Amendment	٠
Art	to icles of Incorporation	
	of	E.
Tallahassee Classical School Inc.		7
(Name of Corporation as cur	rrently filed with the Florid	a Dept. of State)
N17000001775		
(Document N	umber of Corporation (if kno	wn)
Description of the control of the co	and a shift Physide Nat Fire	Dougle Commentation adopte the Collection
Pursuant to the provisions of section 617,1006, Florida Stamendment(s) to its Articles of Incorporation:	atutes, this <i>Fiortua Not Por l</i>	<i>roju Corporation</i> adopts the following
A. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word "corp Company" or "Co." may not be used in the name.	oration" or "incorporated"	
3. Enter new principal office address, if applicable:		
Principal office address <u>MUST BE A STREET ADDRE</u>	<u> </u>	
2. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	···	,
). If amending the registered agent and/or registered		iter the name of the
new registered agent and/or the new registered offi	ice address:	
Name of New Registered Agent:		
	(Hor	da street address)
New Registered Office Address:		
		, Florida
	(City)	(Zip Code)
-	ic nit	
New Registered Agent's Signature, if changing Registe	·	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	<u>V</u> <u>Mik</u>	<u>n Doe</u> <u>e Jones</u> <u>y Smith</u>		
Type of Action (Check One)	Title	<u>Name</u>	Address	
I) Change	D	Ben Graybar	221 W. Park Ave #745	
X Add			Tallahassee, FL 32301	
Remove				
2) Change	D	Kevin Kjellerup	221 W. Park Ave #745	
X Add			Tallahassee, FL 32301	
Remove				
3) Change				
Add				_
Remove				
4) Change				
Add				
Remove				_
5) Change				
Add				
Remove				
6) Change	-			
Add				
Remove				

Africie 111 is nefedy amengeo 10 feac:			
Article III is hereby amended to read: Tallahassee Classical School is organized exclusively for educational purposes, including, for such purposes, the making of			
distributions to organizations that qualify as exempt organizations described under Section 501			
Code, or corresponding section of any future federal tax code.			

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block document's effective date on the Department.	x does not meet the applicable statutory filing requirements, this date will rartment of State's records.	not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were ado was/were sufficient for approval.	pted by the members and the number of votes cast for the amendment(s)	
There are no members or member adopted by the board of director	rs entitled to vote on the amendment(s). The amendment(s) was/were s.	
Dated August 22, 2	018	
	a Safer, CPA	
have not been	nan or vice chairman of the board, president or other officer-if directors is selected, by an incorporator — if in the hands of a receiver, trustee, or is pointed fiduciary by that fiduciary)	
Jana R. Sa	yler, CPA	
·	(Typed or printed name of person signing)	
Board Cha	iír	
	(Title of person signing)	